

WEEKLY HEALTH & SAFETY INSPECTION REPORT

INSPECTED BY: _____ TITLE: _____

BUILDING # / AREA: _____ DATE: _____

Complete this form each week and return it to the Office of Fire Safety. Enter appropriate # as follows:

(0) Unsatisfactory (1) Satisfactory (2) N/A.

1. FIRE PROTECTION

Extinguishing equipment _____
 Stand-pipe; hose; sprinkler _____
 Head and valves _____
 Exits; Stairs; Signs _____
 Storage of Flammables _____
 Evacuation Plans _____

2. HOUSEKEEPING

Aisles; Stairs; Floors _____
 Storage and Piling _____
 Wash & Locker Room _____
 Light & Ventilation _____
 Disposal of Waste _____

3. TOOLS

Power tools; Wiring _____
 Hand tools _____
 Use and storage of tools _____

4. PERSONAL PROTECTIVE EQUIP.

Goggles or face shields _____
 Ear protectors _____
 Gloves _____
 Protective clothing _____

5. MATERIAL HANDLING EQUIP.

Power trucks; Hand trucks _____
 Elevators _____
 Cranes; Hoists _____
 Conveyors _____
 Cable; ropes; chains _____

6. ELECTRICAL

Bare or inadequate wiring _____
 Damaged wire _____
 Master Control Lock _____
 Extension cords _____
 Connections & plugs _____
 Lighting _____

7. MACHINERY

Point-of-operation guards _____
 Belts; pulleys; gears; shafts; etc. _____
 Oiling; Cleaning; Adjusting _____
 Maintenance & Oil Leakage _____
 Proper Maintenance _____

8. PRESSURE EQUIPMENT

Steam equipment _____
 Air receivers _____
 Compressors _____
 Gas cylinders; Hose _____
 Gas regulators _____

9. UNSAFE PRACTICES

Excessive speed of vehicles _____
 Improper lifting _____
 Smoking in Danger areas _____
 Horseplay _____
 Running _____
 Improper user of air hose _____
 Removing guards _____
 Working unguarded machinery _____

10. FIRST AID

First Aid Kits/BVMs _____
 Stretchers _____
 AEDs _____

11. MISCELLANEOUS

Storage, acids & caustics _____
 Storage, chemicals & solvents _____
 Storage, combustibles _____
 Dust; Vapors; Fumes _____
 Ladders; Scaffolds _____
 Eye wash stations operating _____
 Safety signs/rules posted _____

GENERAL COMMENTS: _____

